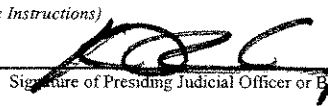


CJA 20 APPOINTMENT OF AND AUTHORITY TO PAY COURT APPOINTED COUNSEL (Rev. 5/99)

1. CIR./DIST./ DIV. CODE HIXHO		2. PERSON REPRESENTED LENORA JEAN AITCHISON		VOUCHER NUMBER	
3. MAG. DKT./DEF. NUMBER		4. DIST. DKT./DEF. NUMBER CRIMINAL NO. 02-00307 DAE		5. APPEALS DKT./DEF. NUMBER	
6. OTHER DKT. NUMBER		7. IN CASE/MATTER OF (Case Name) USA vs. LENORA JEAN AITCHISON		8. PAYMENT CATEGORY Felony _____ Petty Offense _____ Misdemeanor _____ Other _____ Appeal _____	
9. TYPE PERSON REPRESENTED Adult Defendant <input type="checkbox"/> Appellant Juvenile Defendant <input type="checkbox"/> Appellee Other _____		10. REPRESENTATION TYPE (See Instructions)			
11. OFFENSE(S) CHARGED (Cite U.S. Code, Title & Section) <i>If more than one offense, list (up to five) major offenses charged, according to severity of offense.</i>					
12. ATTORNEY'S NAME (First Name, M.I., Last Name, including any suffix), AND MAILING ADDRESS G. GARY SINGH, ESQ. CENTRAL PACIFIC PLAZA 220 SOUTH KING STREET, SUITE 2150 HONOLULU, HAWAII 96813 Telephone Number : (808) 529-0626			13. COURT ORDER <input checked="" type="checkbox"/> O Appointing Counsel <input type="checkbox"/> C Co-Counsel <input type="checkbox"/> F Subs For Federal Defender <input type="checkbox"/> R Subs For Retained Attorney <input type="checkbox"/> P Subs For Panel Attorney <input type="checkbox"/> Y Standby Counsel Prior Attorney's _____ Loretta Faymonville, FPD Appointment Dates: _____ <input type="checkbox"/> Because the above-named person represented has testified under oath or has otherwise satisfied this Court that he or she (1) is financially unable to employ counsel and (2) does not wish to waive counsel, and because the interests of justice so require, the attorney whose name appears in Item 12 is appointed to represent this person in this case, OR <input type="checkbox"/> Other (See Instructions) _____ <div style="text-align: center;">  Signature of Presiding Judicial Officer or B _____ MARCH 27, 2007 Date of Order _____ Nunc Pro Tunc Date _____ Repayment or partial repayment ordered from the person represented for this service at time appointment <input type="checkbox"/> YES <input type="checkbox"/> NO </div>		
14. NAME AND MAILING ADDRESS OF LAW FIRM (Only provide per instructions)					
CLAIM FOR SERVICES AND EXPENSES			FOR COURT USE ONLY		
CATEGORIES (Attach itemization of services with dates)		HOURS CLAIMED	TOTAL AMOUNT CLAIMED	MATH/TECH. ADJUSTED HOURS	MATH/TECH. ADJUSTED AMOUNT
15. In					
a. Arraignment and/or Plea					
b. Bail and Detention Hearings					
c. Motion Hearings					
d. Trial					
e. Sentencing Hearings					
f. Revocation Hearings					
g. Appeals Court					
h. Other (Specify on additional sheets)					
(RATE PER HOUR = \$ 92.00) TOTALS:					
16. Out of					
a. Interviews and Conferences					
b. Obtaining and reviewing records					
c. Legal research and brief writing					
d. Travel time					
e. Investigative and other work (Specify on additional sheets)					
(RATE PER HOUR = \$ 92.00) TOTALS:					
17. Travel Expenses (lodging, parking, meals, mileage, etc.)					
18. Other Expenses (other than expert, transcripts, etc.)					
GRAND TOTALS (CLAIMED AND ADJUSTED):					
19. CERTIFICATION OF ATTORNEY/PAYEE FOR THE PERIOD OF SERVICE TO: _____			20. APPOINTMENT TERMINATION DATE IF OTHER THAN CASE COMPLETION		21. CASE DISPOSITION
22. CLAIM STATUS <input type="checkbox"/> Final Payment <input type="checkbox"/> Interim Payment Number _____ <input type="checkbox"/> Supplemental Payment					
Have you previously applied to the court for compensation and/or reimbursement for this representation? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, were you paid? <input type="checkbox"/> YES <input type="checkbox"/> NO Other than from the Court, have you, or to your knowledge has anyone else, received payment (compensation or anything of value) from any other source in connection with this representation? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, give details on additional sheets. I swear or affirm the truth or correctness of the above statements. Signature of Attorney _____ Date _____					
APPROVED FOR PAYMENT — COURT USE ONLY					
23. IN COURT COMP.	24. OUT OF COURT COMP.	25. TRAVEL EXPENSES	26. OTHER EXPENSES	27. TOTAL AMT. APPR./CERT.	
28. SIGNATURE OF THE PRESIDING JUDICIAL OFFICER			DATE	28a. JUDGE/MAG. JUDGE CODE	
29. IN COURT COMP.	30. OUT OF COURT COMP.	31. TRAVEL EXPENSES	32. OTHER EXPENSES	33. TOTAL AMT. APPROVED	
34. SIGNATURE OF CHIEF JUDGE, COURT OF APPEALS (OR DELEGATE) <i>Payment approved in excess of the statutory threshold amount.</i>			DATE	34a. JUDGE CODE	

UNITED STATES DISTRICT COURT

DISTRICT OF HAWAII
300 ALA MOANA BLVD. RM C-209
HONOLULU, HAWAII 96850

KEVIN S.C. CHANG
UNITED STATES MAGISTRATE JUDGE

TELEPHONE: (808) 541-1308
FAX: (808) 541-3519

March 27, 2007

G. Gary Singh, Esq.
Central Pacific Plaza
220 South King Street, Suite 2150
Honolulu, Hawaii 96813

Re: USA vs. LENORA JEAN AITCHISON
Criminal No. 02-00307 DAE

Dear Mr. Singh,

Thank you for accepting the court's appointment to represent Lenora Jean Aitchison in the above-entitled matter.

Enclosed is your appointment voucher.

As a reminder, any withdrawal and substitution of counsel, whether the substitute counsel is a panel attorney or a retained attorney, must have the prior approval of this court.

Very truly yours,



Kevin S.C. Chang
United States Magistrate Judge

KSCC:waa
Enclosures